, · · ,		PART I	B 7 FEE(S)	TRANSMITTAL	•	
70,	o 2015	th applicable 1	fee(s), to: <u>M</u> or <u>F</u>	Commissioner f P.O. Box 1450 Alexandria, Vir		S
INSTRUCTIONS This for appropriate. All later coindicated unless color maintenance fee notification	orm should be used for transported including the below of directed otherwise	smitting the ISSU Patent, advance o in Block 1, by (a		PUBLICATION FEE (if requirements of maintenance fees new correspondence address	nired). Blocks 1 through 5 will be mailed to the curren ; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
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21792 7	/590 03/10/2005			papers. Each addition	al paper, such as an assignme of mailing or transmission.	ent or formal drawing, mus
STRATTON BA 213 S 12TH AVE YAKIMA, WA 98 06/14/2005 YPOLITE2 00	3902			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
01 FC:2501	700.00 OP			(Depositor's name)		
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APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/820,166	04/06/2004	Christian P. Bui			TA12.P01	7022
TITLE OF INVENTION: T	AP HANDLE WITH AN IN	TEGRAL ELECT	RICAL CONN	ECTION		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	)	\$300	\$1000	06/10/2005
EXAMINER A		ART UN	NIT CLASS-SUBCLASS			
GILMAN, ALEXANDER 283			3	439-364000		
<ul> <li>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>I Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>I "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT	(print or type)		. =
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(A) NAME OF ASSIGNEE TAPHANDLES INC.			B) RESIDENCE: (CITY and STATE OR COUNTRY)  KENT, WA			
Please check the appropriate	e assignee category or catego	ries (will not be pr	rinted on the pat	tent): 🗖 Individual 🛂 C	orporation or other private gr	oup entity Government
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	(from status indicated above		_	nt is no longer claiming SMA		
				or to re-apply any previous other than the applicant; a reg		
Authorized Signature			Date <b>JUNE 10, 2005</b>			
Typed or printed name CHRIS E. SVENDSEN			Registration No. 40, 193			
This collection of information an application. Confidential	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.	11. The information 122 and 37 CFR	on is required to 1.14. This colle	obtain or retain a benefit by ection is estimated to take 12	the public which is to file (an minutes to complete, including	d by the USPTO to process)

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